

Case Number:	CM15-0001005		
Date Assigned:	01/12/2015	Date of Injury:	10/22/2004
Decision Date:	03/13/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 75 year old female, who sustained an industrial injury on 10/22/2004. The diagnoses have included herniated disc of lumbosacral spine and lumbar radiculopathy. Treatment to date has included pain medications and topical creams, prior treatments were not listed. Per the primary physician's progress report with request for authorization from 11/20/2014, the injured worker continued to complain of aggravation of lumbar pain; she had been unable to refill her medications, specifically Norco because of a recent change from the Drug Enforcement Administration (DEA). Otherwise the medications and lumbar support were reported as helpful in alleviating some of her pain. Examination of the lumbar spine revealed positive tenderness in the lumbar paraspinal musculature. There was decreased range of motion secondary to pain and stiffness. There was positive straight leg raise in the right lower extremity. A urine drug panel from 8/5/2014 was consistent with prescription therapy. The duration of the Norco was not documented. A urine toxicology test was to be performed at the 11/20/2014 visit. The treating provider is requesting authorization for Norco 10/325mg #120 and Compound Cream (Flurbiprofen (30gm and 120gm 25%-Menthol, 10%-Camphor, 3%-Capsaicin, 0.0375%) Topical Cream) and Compound Creams (Cyclobenzaprine 15gm and 60gm 10% and Tramadol 10%) Topical Cream. On 12/8/2014, Utilization Review (UR) non-certified a request for Compound Cream (Flurbiprofen (30gm and 120gm 25%-Menthol, 10%-Camphor, 3%-Capsaicin, 0.0375%) Topical Cream) and Compound Creams (Cyclobenzaprine 15gm and 60gm 10% and Tramadol 10%) Topical Cream, noting that there was no indication for the need of compound medication as opposed to oral medications. The MTUS was cited. UR modified a request for Norco 10/325

120 to Norco 10/325 # 110, noting that the duration of opiate use was not clear and there was no discussion regarding non-opiate means of pain control.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid therapy Page(s): 81. Decision based on Non-MTUS Citation www.americanpainsociety.org

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91..

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The primary treating physician's progress report dated November 20, 2014 documented that the patient continues to complain of aggravation of lumbar pain. The medications and lumbar support are often helpful in alleviating some of her pain. Examination of the lumbar spine reveals positive tenderness in the lumbar paraspinal musculature. There is decreased range of motion secondary to pain and stiffness. There is positive straight leg raise in the right lowered extremity at 20 degrees in supine position. Motor strength is 5/5 in all upper and lower extremities with normal built and tone. Sensory examination is diminished to light touch and pinprick in the bilateral L5-S1 dermatome distribution. Diagnoses were herniated disc of lumbosacral spine and lumbar radiculopathy. Medical records document objective evidence of pathology. Medical records document objective physical examination findings. Analgesia was documented. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request Norco (Hydrocodone/Acetaminophen) is supported by the medical records and MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.

Compound cream (flurbiprofen 30gm and 120gm 25% menthol, 10% camphor, 3% capsaicin 0.0375% topical cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 111-113. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73..

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records do not present recent laboratory test results, which are recommended for NSAID use per MTUS. Medical records indicate long-term NSAID use, which is not recommended by MTUS. The use of the topical NSAID Flurbiprofen is not supported by MTUS guidelines. Medical records do not document that the patient has not responded or is intolerant to other treatments, which is an MTUS requirement for the use of Capsaicin. Per MTUS, Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the use of a topical product containing Flurbiprofen and Capsaicin topical is not supported. Therefore, the request for a compound cream containing Flurbiprofen, Capsaicin, Menthol, Camphor is not medically necessary.

Compound cream (cyclobenzaprine 15gm and 60gm 10% tramadol 10%, topical cream:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113..

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. There is no evidence for use of a muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing the muscle relaxant Cyclobenzaprine. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS does not support the use of a topical compound containing the muscle relaxant Cyclobenzaprine. Therefore, the request for topical compound cream containing Cyclobenzaprine is not supported by MTUS. Therefore, the request for a compound cream containing Cyclobenzaprine and Tramadol is not medically necessary.